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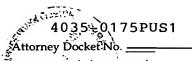
BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First	GIVEN NAME/FAMILY NAME	INIVENITODIC CICNIATURE		DATEM					
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed	· ·	INVENTOR'S SIGNATURE	_	DATE*					
insert Date This Document is Signed	Hisashi MIYAMORI	Hisat Myan		September 30, 2005					
Insert Residence Insert Citizenship →	Residence (City, State & Country)	-	CITIZENSHIP	,					
`	Tokyo, JAPAN		JAPAN						
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	c/o NATIONAL INSTITUTE OF INFORMATION AND COMMUNICATIONS TECHNOLOGY,INCORPORATED ADMINISTRATIVE AGENCY,2-1, Nukui-Kitamachi 4-chome, Koganei-shi, Tokyo 184-8795, Japan								
Full Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor, if any: see above		2. TORD DIGITATORE							
	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)	<u> </u>						
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Full Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor, if any: see above				DAIL					
	Residence (City, State & Country)	CITIZENSHIP	,						
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Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHIP						
Inventor, if any:	,		CITIZENSHIP						
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Inventor, if any: see above	Residence (City, State & Country)		CITIZENSHIP						
Inventor, if any: see above Full Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address i GIVEN NAME/FAMILY NAME	ncluding City, State & Country)	CITIZENSHIP	DATE*					
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Page 2 of 2 (Rev. 05/2004)

*DATE OF SIGNATURE